



## CHANGE OF ADDRESS

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER  
SFN 60488 (10-2013)

You may use this Change of Address form to notify the Office of State Tax Commissioner of an address change. Each taxpayer will need their own form. Check the box for each account type to which the address change should be applied.

Date Requested	Telephone Number	Email Address
Individual/Business Name		Social Security Number/Federal Employer Identification Number
Check all that apply <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Withholding <input type="checkbox"/> Royalty Withholding <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Spouse SSN (if filing jointly) _____ <input type="checkbox"/> Sales/Use Permit # _____ <input type="checkbox"/> Other _____		
Old Mailing Address (Street, or PO Box)		
City	State	ZIP Code
New Mailing Address (Street, or PO Box)		
City	State	ZIP Code
New Location Address (if different from mailing address)		
City	State	ZIP Code
<p>This form must be signed by the taxpayer or a representative of the taxpayer making the request for the address change. A representative is a person who has valid power of attorney to handle tax matters or is otherwise authorized to sign tax returns for the taxpayer. If you are a representative signing for the taxpayer, also attach a copy of your power of attorney.</p> <p><i>I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.</i></p>		
Print Name		Title
Signature (authorized individual)		Date
Comments		

### PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-31, 57-38-32, 57-38-42, 57-38-60, 57-39.2.11, and 57-40.2-07, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:

Fax: 701.328.0332

E-mail: [taxregistration@nd.gov](mailto:taxregistration@nd.gov)

Office of State Tax Commissioner  
Business Registration  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599